2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Aug 07, 2006 8:00 am
Secretary of State
08-07-2006 90042 026 ****61.25

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07242006 Chg-NP CR2E037 (4/06)

DOCUMENT # 738138

1. Entity Name
TATE BAND BOOSTERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
TATE HIGH SCHOOL BAND HALL,TATE HIGH SCH PO BOX 445 GONZALEZ, FL 32560	TATE HIGH SCHOOL BAND HALL,TATE HIGH SCH PO BOX 445 GONZALEZ, FL 32560

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1738899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOOTEN, JOE R TATE SCHOOL ROAD TATE HIGH SCHOOL GONZALEZ, FL 32560	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GINOL, TENA 305 WEGNER AVE CANTONMENT, FL 32533	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition P Gindl, Tena 305 Wegner Ave Cantonment, FL. 32533
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALBERSON, SHARI 1836 W. TEN MILE RD CANTONMENT, FL 32533	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition DV Piveral, Dawn 1909 Joshua Dr. Cantonment, FL. 32533
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAMS, SHIRLEY 1473 KNOLLWOOD DR. CANTONMENT, FL 32533	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition TD Swilley, Jill 1208 Tecumseh Trail Pensacola, FL 32514
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GUNTER, CATHY 1711 BLANC LANE CANTONMENT, FL 32533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MINDY, SHIRLEY 1472 STEFANI CIR CANTONMENT, FL 32533	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition S Flathau, Debra 3217 Samantha Dr. Cantonment, FL. 32533
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joe O. Hooten 7/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #